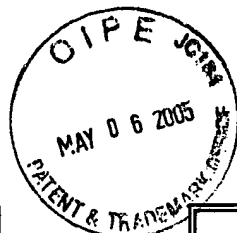


2133
2133



Date of Deposit: <u>5/03/05</u>	
I hereby certify that this paper / fee are being deposited with the United States Postal Service as First Class Mail on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
<u>Darci Manuleleua</u> Name of Person Mailing Paper and Fee	<u>Darci Manuleleua</u> Signature of Person Mailing Paper and Fee

In the United States Patent and Trademark Office

Date: 5/03/05

In re Application of: J. Coker et al. **Filed:** 1/08/02

For: Decoding Low Density Parity Check Codes

Serial Number: 10/044,624

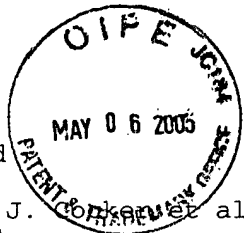
Art Unit: 2133 **Examiner:** S. Chase

AMENDMENT

Hon. Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This Amendment is submitted in response to the Official Action mailed February 8, 2005.
Please amend the above-identified application as specified herein.



FORM PTO-1083/Modified

IBM Docket No. CH920000088US1
(PATENT)

In re application of: J. [redacted] et al.
Serial No.: 10/044,624
Filed: 1/08/02
For: Decoding Low Density Parity Check Codes

Mail Stop Amendment
THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

SIR:

Transmitted herewith in the above-identified application are:

X **Amendment**

- Declaration and Power of Attorney for Patent Application
 Assignment of the invention to International Business Machines Corporation
 Notice to File Missing Parts of Application -- Filing Date Granted

X **No Additional Fee Required**

The fee has been calculated as shown below:

CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE
TOTAL 9 MINUS 20 = 0			x 50 =	\$.00
INDEP. 4 MINUS 4 = 0			x 200 =	\$.00
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			+360 =	\$
			Surcharge \$	
			TOTAL	\$.00

 Please charge my Deposit Account No. 09-0466 in the amount of \$.00.
A duplicate copy of this sheet is attached.

X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 09-0466. **A duplicate copy of this sheet is attached.**

- X** Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
X Any patent application processing fees under 37 CFR 1.17.

CERTIFICATE OF MAILING

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Darci Manuleleua

Signature

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